

Individual and Family Support Program

DIRECTIONS FOR FILLING OUT APPLICATION

The Individual and Family Support Program is designed to assist individuals with intellectual or developmental disabilities on the waiting list for the ID or DD Waiver (and their families) to access short-term person/family-centered resources, supports, and services. *(see Covered Services and Supports section of directions)*

Individual and Family Support Program funds may be provided to individuals or family members in varying amounts, as requested and approved by DBHDS, up to the established annual maximum individual financial support limit per fiscal year. **The maximum you may apply for is \$3000, covering July 1, 2013 through June 30, 2014.**

Applications will be considered by DBHDS on a first-come, first served basis until the yearly funding has run out. DBHDS is allocated \$3,000,000 each year. Funding will be sent to applicants in the form of a debit card with the exact amount requested. Additional information concerning debit cards will be made available when the card is sent. There will be no fees associated with the debit card for IFSP recipients, with the exception of a fee for card replacement if misplaced or funds not used within 6 months.

Individuals and their family members may apply for Individual and Family Support Program funding each year and may submit more than one application in a single year; however, the total amount approved during the year cannot exceed the annual maximum individual financial support limit of \$3000.

If an application is approved, the recipient **MUST** provide receipts back to the program to verify that funds have been used in an appropriate manner. Receipts can consist of store receipts, cashed checks, hand written statements from individuals who provided services (such as respite) and any other documentation that can prove that funds have been used for the benefit of the individual on the waitlist and their family as approved.

PAGE BY PAGE INSTRUCTIONS

PAGE 1 of Application

Write the person's name that is on the waitlist at the top of the form.

Check if you are an individual filling out this application that is on the ID or DD Waiver waitlist; **OR** a Family Member filling out this application for someone on the ID or DD Waiver waitlist.

IF you are a family member check off if the person lives with you on a permanent basis.

IF you are filling out the form for someone else, check the exact type of relationship.

Do you need an interpreter? Yes or No – We currently have a Spanish and Arabic Translation of the application available. If another language is required please inform the Program and we will provide appropriate assistance.

How did you find out about the program?

Do you know your assigned case manager? Do you need assistance finding out who it is? – DBHDS will assist families in accessing this information once application funding has been exhausted. If you have Medicaid you can receive Case Management while on the waitlist. This question is asked so that families can find additional resources, supports and services that may be available in your community.

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Information concerning the person on the waitlist. This is also the address that funds will be mailed unless a vendor is provided.(see page 5 of application)

Telling us other funding sources assist us in understanding your situation. It can also assist us in finding additional resources for you.

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Services and items that may be funded through the Individual and Family Support Program are intended to support the continued residence of an individual in their own or the family home in the community. Applicants must provide:

1. A detailed description of the services or items for which funding is requested;
2. Why/How it will help
3. The requested funding amount and frequency of payment;

Covered services and supports and necessary documentation:

- **Professionally provided services and supports, such as respite, transportation services, behavioral consultation, and behavior management-** Requires documentation explaining the cost per hour, how many hours are needed and who the provider will be.
- **Assistive technology and home modifications, goods, or products that directly support the individual-** Requires documentation stating the exact items to be purchased and price. A page from a catalog or copy from a website is helpful. Home modifications require a copy an invoice/quote from a licensed contractor. If the amount is over \$3000, the family needs to state that they are able to cover the amount above the \$3000.
- **Temporary (no more than one month) rental assistance or deposits** -Requires copy of rental agreement for exact amount
- **Fees for summer camp and other recreation services-** Must know what camp or services and exact cost;

- **Temporary (no more than one month) assistance with utilities or deposits-** Must provide a copy of the bills so we send you the exact amount.
- **Dental or medical expenses of the individual-** Must provide a treatment plan for dental work, detail of medical expenses, etc.
- **Family education, information, and training-** Must provide who will be attending, when it will take place and how much it will cost.
- **Peer mentoring and family-to-family supports-** Provide hourly rate and how many hours needed and provider name.
- **Emergency assistance and crisis support-** Need exact costs
- **Other direct support services as approved by DBHDS.** Other items - document with specifics and exact costs and reason for need.

All necessary documentation accompanying the application ensures a swift and timely funding process. When additional information is needed the applicant will be mailed a letter requesting additional information. The application will be put into a pended status (a maximum of 30 days) until required documentation is received by the IFS Program. Once additional information is received it will be reviewed for a second time. IF additional information is NOT received within 30 days, the applicant will receive a denial letter.

Explain how the requested services or items are needed to support the continued residence of the individual with ID/DD in his own or the family home and no other public funding sources are available. **Example:** funds have been exhausted for program XYZ or these programs will not cover these items or services.

This program is not designed to provide ongoing bill payments.

This program does not pay for food or clothing.

This program will not pay to buy motor vehicles.

This program will not provide down payments or closing costs for a new home.

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Applicants for funding through the IFSP may be receiving other federal, state or local benefits and services. Because financial eligibility for programs varies greatly, funding paid directly to the individual or to a representative on the individual's behalf may be counted as "unearned income" and could impact program eligibility. In order to ensure that recipients of the IFSP do not jeopardize other benefits or services they may be receiving, it may be necessary for supports or services to be paid directly to the vendor providing IFPS supports or services. Money distributed as a vendor payment will not be considered income since the payment goes to the vendor.

It is up to the individual to confirm this with any other program they may be receiving support.

To assist individuals and families the IFSP has provided a Vendor Page.

IF you choose to have money go to a vendor you MUST provide their Employment Identification Number (EIN) also known as their tax ID number. If you need money to go directly to a person who is providing a service, such as respite, their Social Security number would be required. IRS 1099's will be sent to vendors.

IF you are having money split up and sent to you, and a vendor, Please indicate the amount you wish to have sent to the vendor. IFSP **cannot** put memos on check sent out via the Department of Accounts. It is the responsibility of individual to notify the vendor that they will be receiving a check from the state once you receive your approval letter. Vendors will not receive checks for at least 3 weeks after you receive your approval letter. Please plan accordingly.

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This is the legal agreement. – PLEASE READ IT!

The Social Security Number for the fiscally responsible person is requested due to a requirement of the Homeland Security Act. It can also be used if funds are not used in an approved manner to ensure that funds are returned to the state.

The last four digits of the person **on the waiting list's** social security number. This will be used to assist in keeping track of applications.

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The person on the waiting list's name goes on the top of the page. The fiscally responsible person signs, prints and dates their name on the bottom of the page.

This page must be signed or the application will be pended.

How to apply:

- 1) You may apply online at www.DBHDS.virginia.gov, A link will be provided.
- 2) Print paper copy and Mail to: IFSP, DBHDS, Room 939, 1220 Bank Street, Richmond, VA 23219

You may call the following numbers for assistance Monday through Friday between the hours of 9am to 5pm at 804-225-3810, 804-371-4202, 804-225-2233.

*****We have a very high call in volume the first 2 weeks of a new funding cycle*****
*****Please be patient.*****

*****We will answer messages as soon as we can.*****

WE ARE NO LONGER ACCEPTING FAX APPLICATIONS IF YOU FAX AN APPLICATION IT WILL NOT BE PROCESSED, NO EXCEPTION!